PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

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PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1 53(b))

42390P10854 Attorney Docket No.

Judith A. Goldstein First Inventor

Title METHOD AND APPARATUS FOR INTERSYSTEM CUT/COPY AND PASTE

Express Mail Label No. EL034436744US

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APPI	ICA H	ON EL	113

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents Box Patent Application

Washington, DC 20231

<sup>1</sup> . 🗵	Fee Transmittal Form (e.g., PTO/SB/17)
	(Submit an original and a duplicate for fee processing)

Applicant claims small entity status. 2. See 37 CFR 1.27.

[Total Pages 15]

3. 🛮 Specification (preferred arrangement set forth below)

- Descriptive title of the Invention

- Cross References to Related Applications

- Statement Regarding Fed sponsored R & D

- Reference to sequence listing, a table, or a computer program listing appendix

- Background of the Invention

- Brief Summary of the Invention

- Brief Description of the Drawings (if filed)

Detailed Description

- Claim(s)

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- Abstract of the Disclosure

Drawing(s) (35 U.S.C. 113) [Total Sheets 4]

Oath or Declaration

[Total Pages 6]

Newly executed (original or copy)

Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed)

" ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR

1.63(d)(2) and 1.33(b)

C. ☐ Unsigned

☐ Application Data Sheet. See 37 CFR 1.76

<sup>7.</sup> $\square$	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

Computer Readable Form (CRF)

Specification Sequence Listing on: i. 

CD-ROM or CD-R (2 copies); or

ii. □ paper

Statements verifying identity of above copies

ACCOMPANYING APPLICATION	PARTS

9. 🛛	Assignment Papers	(cover sheet &	document(s))
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4.0	27 C E D S 2 72(b) Statement	Dower

Power of Attorney 10. 🗖 37 C.F.R. § 3.73(b) Statement (when there is an assignee)

English Translation Document (if applicable) <sup>11.</sup>  $\square$ 

<sup>12.</sup> 🗖 Copies of IDS Information Disclosure Citations Statement (IDS)/PTO-1449

Preliminary Amendment 13. □

Return Receipt Postcard (MPEP 503)

(Should be specifically itemized)

<sup>15.</sup>  $\square$ Certified Copy of Priority Document(s) (if foreign priority is claimed)

<sup>16.</sup>  $\square$ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. 🛛 Other: CHECK FOR \$970.00 CHECK FOR \$40.00

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: of prior application No: □ Continuation Continuation-in-part (CIP) Divisional 

Prior application Information: Examiner

Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

8. CORRESPONDENCE ADDRESS



PATENT TRADEMARK OFFICE (Insert Customer No or Attach bar code label here) Correspondence address below

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Address

Zip Code State City Telephone Fax Country

Name (Print/Type) Sianature

Registration No. (Attorney/Agent)

42,879

03/30/01 Date

PTO/SB/17 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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## **FEE TRANSMITTAL** for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

1,010.00 (\$)

Complete if Known		
Application Number		
Filing Date	March 30, 2001	
First Named Inventor	Judith A. Goldstein	
Examiner Name		
Group/Art Unit Attorney Docket No.	42390P10854	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
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SORWILLED BA	Registrat	ion No.	42.070	1	(503) 684	
Name (Print/Type) Paul A. Mendonsa	(Attorney/A		42,879	Telephone	` ′	
Signature Fault Mudons				Date	03/30	/01

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